

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041539

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 88

STATE FILE NUMBER

FILED DEC 4 1962

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Length of stay in lb 9 days	c. CITY OR TOWN R.F.D. 1, Jasper, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barton Co. Mem. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9 1/2 Mi. SW Golden City, Mo. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MAUDIE Middle ELLEN Last HILL			4. DATE OF DEATH Month Nov. Day 29, Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/14/1887 9. AGE (last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Freemont, Iowa 12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Edwin Meyers		13b. MOTHER'S MAIDEN NAME Amy -- Hodson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	
17. INFORMANT John Hill, 815 River St.,		Address Carthage, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fractured Lt hip DUE TO (c) Fractured Lt hip			INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 9 days.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive CV disease			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:15 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year 11/20/62			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 11/20/62 to 11/29/62 and last saw him alive on 11/29/62 Death occurred at 4:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A.R. Cain M.D. (Degree or title)		22b. ADDRESS Lamar, Mo.	22c. DATE SIGNED 12/2/62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/2/62	23c. NAME OF CEMETERY OR CREMATORY Dudenville Cemetery	23d. LOCATION (City, town, or county) Dade, Mo.
24. FUNERAL DIRECTOR Phillips Funeral Home, Golden City, Mo.		25. DATE RECD. BY LOCAL REG. 12-4-62	26. REGISTRAR'S SIGNATURE Harold W. M. D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

H. Lowell Bugh

Licensed Embalmer No. 4951

P. O. Address Golden City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.